


JUN 17 2005

PTO/SB/82 (04-05)

Approved for use through 11/30/2005 OMB 0651-0005

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/990,194		
	Filing Date	11/21/2001		
	First Named Inventor	Kathy MAIDA-SMITH		
	Title	Network Management Method	Security System	Data and
	Art Unit			
	Examiner Name			
	Attorney Docket No.	2416-00200 (prev. 66997.0102)		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 23505				
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 23505				
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City		State	Zip	
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I am the: <input type="checkbox"/> Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Company				
Signature				
Name:	Kathy Maida-Smith			
Date	6/16/05	2005	Telephone: 281-461-7085	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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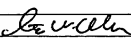
JUN 17 2005

PTO/SB/2 (04-05)

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I hereby revoke all previous powers of attorney given in the above-identified application.				
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<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 23505				
<input type="checkbox"/> Firm or Individual Name Address City State Zip Country Telephone Fax				
I am the: <input type="checkbox"/> Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
SIGNATURE of Applicant or Assignee of Record				
Company				
Signature				
Name:	Steven W. Engle			
Date	6/16, 2005		Telephone: 281-461-7085	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.				

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